FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB A	oproval
	3235-0076 nber 30, 2001
070408	
DATE RE	ECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Habit Holding Company, LLC	
Filing Under (Check box(es) that apply): ☑ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section	4(6) DULOBUSIVED
Type of Filing: New Filing Amendment	16 mar 2 2001 P.
A. BASIC IDENTIFICATION DATA	V 101 1001
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Habit Holding Company, LLC	The sould
Address of Executive Offices (Number and Street, City, State, Zip Code) 1019 Chapala Street, Santa Barbara, CA 93101	Telephone Number (Including Area Code) (805) 965-6030
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSE
trademark holding company and licensor	
	other (please specify): Mited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	4 OX Actual D Estimated FINANCIAL

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CNYDZ control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	KI CKAKAKAKAKA Manage KAKAKAKAKAKAKA
Full Name (Last name first, if Reichard, Brent B					
Business or Residence Address 1019 Chapala Stre	(Number and S	treet, City, State, Zip Coo Barbara, CA 931	ie) 101		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	MCKNENINKOM Manager Mkninging Remoun
Full Name (Last name first, if Nordahl, David C.	individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address 1019 Chapala Stre	(Number and S	treet, City, State, Zip Cod Barbara, Ch. 931	le) .01		·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	Managing Ration
Full Name (Last name first, if Magglos, James M.					
Business or Residence Address 1019 Chapala Stre					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Manager Ranager
Full Name (Last name first, if Reichard, Bruce M					
Business or Residence Address 1019 Chapala Stre	(Number and S	treet, City, State, Zip Cod Barbara, CA 931	le) .01		
			☐ Executive Officer	Director	☐General and/or
Check Box(es) that Apply:	□ Promoter	Beneficial Owner			Managing Partner
	individual)	<u> </u>			Managing Partner
Full Name (Last name first, if Reichard Bros. En	individual) terprises,	Inc. treet, City, State, Zip Cod	le)		Managing Partner
Full Name (Last name first, if Reichard Bros. En Business or Residence Address 1019 Chapala Stre	individual) terprises,	Inc. treet, City, State, Zip Cod	le)	Director	Managing Partner General and/or Managing Partner
Full Name (Last name first, if Reichard Bros. En Business or Residence Address	individual) terprises, (Number and Set, Santa Promoter individual)	Inc. treet, City, State, Zip Cod Barbara, CA 931	le) 01		□General and/or
Full Name (Last name first, if Reichard Bros. En Business or Residence Address 1019 Chapala Stre Check Box(es) that Apply: Full Name (Last name first, if Fresh Concepts, L. Business or Residence Address	individual) terprises, (Number and Set, Santa Promoter individual) LC (Number and Set)	Inc. treet, City, State, Zip Cod Barbara, CA 931 Beneficial Owner treet, City, State, Zip Cod	le) 01 Executive Officer		□General and/or Managing Partner
Full Name (Last name first, if Reichard Bros. En Business or Residence Address 1019 Chapala Stre Check Box(es) that Apply:	individual) terprises, (Number and Set, Santa Promoter individual) LC (Number and Set)	Inc. treet, City, State, Zip Cod Barbara, CA 931 Beneficial Owner treet, City, State, Zip Cod	le) 01 Executive Officer		□General and/or

	B. INFORMATION ABOUT OFFERING												
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No E=			
1.	Answer also in Appendix, Column 2, if filing under ULOE.									x			
2.									_{\$} 1.0	0			
									Yes	No			
3.	Does the offering permit joint ownership of a single unit?										X		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	l Name (ONE	Last name	first, if indi	ividual)						_			
		Residence	Address (N	lumber and	1 Street, C	ity, State, Z	(ip Code)						
		_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
Nai	me of As	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solcit	Purchasers						
	(Check	"All States	" or check	individual	States)				***************************************	••••••		☐ AI	1 States
	ΛL	AK	AZ	AR	CA	<u>[co]</u>	CT	DE	DC	FL	ĞA	HI	ID
	IL	<u>IN</u>	IA	KS	KY	LA.	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM1	NY VT	NC VA	ND	OH)	OK)	OR WY	PA PR
	RI	SC	SD	TN	TX	<u>U1'</u>	VT	VA	WA	WV	WI	WI	PK
Ful	Full Name (Last name first, if individual)												
Rus	ciness or	Residence	Address ()	Number an	d Street C	City, State, 2	Zin Code)						
174.	3111633 (7	residence	radiess (i	vainoer an	a once, c	, ny, buite, 1	aip code,						
Nai	me of As:	sociated Br	oker or De	aler	_								
Sta	tes in Wi	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
5.0												□ AI	1 States
	AL IL	AK] IN	AZ IA	(AR) (KS)	CA KY	<u>[[]</u>	CT ME	DĒ MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE.	NV	NH	NJ		NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	U.	VT	VA	WA	WV	[WI]	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
D		D ! 1	A 11 ()	N7	d Sana - C	24 64.4 (7:- C-4-\						
Bus	siness or	Residence	Address (1	Number an	a Sireet, C	City, State, I	zip Code)						
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)					,,,,		☐ Al	l States
	ΛL	ΛK	[AZ]	ΛR	CΛ	CO	CT	DE	DC	FL	GA	HI	ID.
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NH	NJ TV		NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	SC	[3D]	TN	TX	. <u>Uʻl</u>	VT	(VA)	WA	₩ ¥	AA T	AA 1	1.17

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k		
	Type of Security	Aggregate Offering Pric	e	Amount Already Sold
	Debt	\$ 0.00		§ 0.00
	Equity	. \$ 0.00		\$ 0.00
	Common Preferred			0.00
	Convertible Securities (including warrants)		_	\$ \$ 0.00
	Partnership Interests		—	
	Other (Specify)	. \$ 1.00	_	\$_1.00
	Total	\$		<u>\$_1.00</u>
2.	Answer also in Appendix, Column 3, if f.ling under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te		Appreciate
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$ 1.00
	Non-accredited Investors	. <u>0</u>		\$ 0.00
	Total (for filings under Rule 504 only)	. 1	_	\$_1.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	ie		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$ 0.00
	Regulation A		_	\$ 0.00
		0	_	\$ 0.00
			_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	ne r.	_	<u> </u>
	Transfer Agent's Fees	***********		\$
	Printing and Engraving Costs			\$ <u>0.00</u>
	Legal Fees		\Box	\$_0.00
	Accounting Fees			\$ 0.00
	Engineering Fees			\$ 0.00
	Sales Commissions (specify finders' fees separately)			\$ 0.00
	Other Expenses (identify)			\$ 0.00
	Total			\$ 0.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offerir and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$_0.00	\$ 0.00
	Purchase of real estate		\$_0.00	□ \$ <u>0</u>
	Purchase, rental or leasing and installation of mach and equipment	inery	\$_0.00	\$ <u></u> \$
	Construction or leasing of plant buildings and facil	ities	\$ 0.00	\$ 0.00
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	e of securities involved in this		\$ 0.00
	Repayment of indebtedness		\$ 0.00	\$ 0.00
	Working capital			\$ 1.00
	Other (specify):		\$_0.00	\$_0.00
			\$	ss
	Column Totals			\$ <u>1.00</u>
	Total Payments Listed (column totals added)		□ \$ <u>1.</u>	00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commissi	on, upon writte	le 505, the followin in request of its staf
lss	uer (Print or Type)	Signature	ate	
На	abit Holding Company, LLC		uly <u>/</u> , 2006	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	-	
	eph D. Abkin	Assistant Secretary		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE	·	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No S €

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Habit Holding Company, LLC		July, 2006
Name (Print or Type)	Title (Print or Type)	
Joseph D. Abkin	Assistant Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.